

## COUNTY BID PROPOSAL FORM

TO THE COUNTY OF \_\_\_\_\_.

We submit the following bid proposal for serving as the deposit for \_\_\_\_\_ County for the period beginning January 1, \_\_\_\_\_ and ending December 31, \_\_\_\_\_ and thereafter until new arrangements shall be made according to law:

1. \_\_\_\_\_ is insured by the Federal Deposit Insurance Corporation or any successors to such insurance corporation.
2. \_\_\_\_\_ has met the primary capital to assets ratio of five and one-half percent (5 1/2%) or more as of June 30, \_\_\_\_\_, and has received certification of such from the State Treasurer. **Please attach commission in response.**
3. \_\_\_\_\_ has \_\_\_\_\_ offices located within \_\_\_\_\_ County, Mississippi. **Please attach in response a list of all branches located in the county. Include address of each branch.**
4. \_\_\_\_\_ has \_\_\_\_\_ employees located within \_\_\_\_\_ County, Mississippi.
5. \_\_\_\_\_ agrees to place on deposit for \_\_\_\_\_ County as security with the State Treasurer, any of the securities eligible for securing of state funds as provided in Section 27-105-5, Mississippi Code Ann. (1972) in an amount at least equal to one hundred five percent (105%) of the maximum sum to be placed on deposit in such financial institution at any one time exclusive of that portion of accounts insured by the Federal Deposit Insurance Corporation, or any successors to such insurance corporation.  
  
Or, \_\_\_\_\_ is a public funds guaranty pool member under sections 27-105-5 and 27-105-6, Mississippi Code Ann. (1972). The qualified financial institution shall secure those deposits by placing qualified securities on deposit with the State Treasurer as provided in Section 27-105-5.
6. \_\_\_\_\_ agrees to execute a Collateral Security Agreement with the county in the form recommended by the State Treasurer of the State of Mississippi for the purpose of complying with Section 1823(e) of FIRREA as necessary to ensure that the county will possess a preferred claim to pledged securities in the event of default by the depository bank. All Collateral Security Agreements will be executed prior to January 1, \_\_\_\_\_.
7. \_\_\_\_\_ agrees to monitor monthly deposits of the county in order to ensure adequate securities are pledged and to provide the county with an annual report listing accounts reported to the State Treasurer.

8. \_\_\_\_\_ agrees to prepare monthly statements beginning with the first day of the month and ending with the last day of the month, showing debits, credits, balances, and sequential listing of cashed checks within five (5) business days of the statement closing date.
9. \_\_\_\_\_ agrees to pay interest on the county's accounts based on a fixed or variable rate. Variable rates shall be equal to the prior month-end U.S. Target Federal Funds Rate plus or minus \_\_\_\_\_ basis points. Current U.S. Target Federal Funds Rate is \_\_\_\_\_.

CURRENT RATES BASED ON ABOVE CALCULATIONS

	<i>Variable</i>	<i>Fixed</i>
<i>DDA Checking Accounts</i>	_____ %	_____ %
<i>Money Market/Savings Accounts</i>	_____ %	_____ %

*Note:* Interest shall be earned on the average daily investable balance.

10. \_\_\_\_\_ agrees to provide earnings allowance on daily county account balances that offset bank service charges. The earnings credit rate (ECR) shall be \_\_\_\_\_ %.
11. \_\_\_\_\_ agrees to, if requested, offer advice on cash management and investment strategies necessary to properly utilize the county's assets.
12. \_\_\_\_\_ agrees to provide the requested information necessary for the completion of the annual audit at no charge to the county or its auditors.
13. \_\_\_\_\_ agrees to allow the county to establish or maintain checking or savings accounts for no charge or minimum charges/fees for deposits credited, checks paid, incoming wire transfers, or returned deposit items. In addition, \_\_\_\_\_ agrees to provide the services listed on the following page at no charge or minimum charge to the county based on account data provided by county and the data listed below:

<b>Account Data</b>	
<i>Average Monthly Ledger Balance</i>	
<i>Number of DDA Checking Accounts</i>	
<i>Number of Savings Accounts</i>	

Completed By County			Financial Institution's Response	
Account Services	Services Utilized? (Yes/No/Interested)	Monthly Average Volume	Provided at No Charge (Yes or No)	Direct Fee or Service Charge (Indicate Fee or Charge)
<i>Stop Payments</i>	Choose a response.		Choose an item.	
<i>Outgoing Wire Transfers</i>	Choose a response.		Choose an item.	
<i>Incoming Wire Transfers</i>	Choose a response.		Choose an item.	
<i>Night Depository Services</i>	Choose a response.		Choose an item.	
<i>Locking Bank Bags</i>	Choose a response.		Choose an item.	
<i>Keys for bank night drop</i>	Choose a response.		Choose an item.	
<i>Deposit Slips</i>	Choose a response.		Choose an item.	
<i>Checks</i>	Choose a response.		Choose an item.	
<i>Re-deposit of returned deposit items at least once</i>	Choose a response.		Choose an item.	
<i>Research/Statement Reproduction</i>	Choose a response.		Choose an item.	
<i>Payroll Direct Deposit Services</i>	Choose a response.		Choose an item.	
<i>Transactions handled via phone</i>	Choose a response.		Choose an item.	
<i>Cash in to be counted by teller at time of deposit</i>	Choose a response.		Choose an item.	
<i>Internet Banking Access</i>	Choose a response.		Choose an item.	
<i>Overdraft Fees and Penalties</i>	Choose a response.		Choose an item.	
<i>Positive Pay</i>	Choose a response.		Choose an item.	
<i>Reconciliation</i>	Choose a response.		Choose an item.	
<i>Controlled Disbursements</i>	Choose a response.		Choose an item.	
<i>Stored Value (Payroll) Cards</i>	Choose a response.		Choose an item.	
<i>Lockbox Services</i>	Choose a response.		Choose an item.	
<i>Check to ACH Conversion</i>	Choose a response.		Choose an item.	
<i>Balance and Transaction Services</i>	Choose a response.		Choose an item.	
<b>Note:</b> Please add any additional services you deem necessary or have interest in under the "Account Services" column.				
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	

14. \_\_\_\_\_ agrees to provide ledger credit on the same day as deposits occur (holidays and weekends excluded). This includes same day credit on wire transfer of funds from the federal and state government, and same day credit on deposits made by the county prior to 2:00 P.M. CST.

Financial Institution Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_